SENDER: COMPLETE THIS SECTION 00352-S	COMPLETE THIS SECTION ON DELIVE	3 Filed 03/16/2004	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X. Amanda Del. B. Received by (Printed Name) C. D. Is delivery address different from item 1	☐ Agent ☐ Addressee Date of Delivery 3-17-04	
1. Article Addressed to: Fred Cultonia y Clo Ham, Iton Contry Justice Center 1000 Sycanore	If YES, enter delivery address below:	□ No	
C inti, 8 H 45000.	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt ☐ Insured Mail ☐ C.O.D.	for Merchandise	
C-1-02-352 DOC. 24	4. Restricted Delivery? (Extra Fee)	☐ Yes	
2. Article Number 7001 2510 01 (Transfer from service label)	308 6348 8292		
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